

**Fill in this information to identify your case:**

Debtor 1 **Mark Michael Reed**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:21-bk-00801**  
(if known)

☐ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>122,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>9,013.45</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>131,013.45</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>45,006.19</b>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>69,972.00</b>
<b>Your total liabilities</b>		<b>\$ 114,978.19</b>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	<b>3,108.00</b>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	<b>2,664.89</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. **What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Mark Michael Reed

Case number (if known) 1:21-bk-00801

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,147.63

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

**Fill in this information to identify your case and this filing:**

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First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:21-bk-00801**

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

**1812 Red Wing Lane**  
**1812 Redwing Lane**

Street address, if available, or other description

**Dover** **PA** **17315**  
City State ZIP Code

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☒ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Residence: Condo-Duplex In Dover 1812 Redwing Lane based on appraisal**  
**10% cost of sale \$12,200. Equity \$38,318**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$122,000.00</b>	<b>\$122,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**

**\$122,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Mark Michael Reed**

Case number (if known) **1:21-bk-00801**

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No

☒ Yes

3.1 Make: **Nissan**  
Model: **Nv200**  
Year: **2014**  
Approximate mileage: **142,015**  
Other information:

**Vehicle: White Work Cargo Van**

Who has an interest in the property? Check one

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$3,475.00**

**\$3,475.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$3,475.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**Household: Home Furniture, Kitchen Goods, Household Items**

**\$900.00**

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**Electronics: Tv In Family Room, Tv In Bed Room, Home Pc**

**\$475.00**

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

**Sports-Hobby: Hobby - Point And Shoot Canon Camera**

**\$65.00**



**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.....**Firearms: Glock 17 Handgun****\$275.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Clothes: My Clothing****\$100.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**Jewelry: My Wedding Ring, Titanium Band, Was Low Cost Retail****\$25.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**Animals: Three Elderly Cats****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$1,840.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash: Cash  
On Hand****\$0.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

**Checking Account: Capital One 360  
Debtor's wife's income goes into this account  
& Covid Stimulus went into this account****\$1,091.61**

17.1.

17.2.	<b>Checking Account: Members 1St Federal Credit Union (Shining Star Photo)</b>	<b>\$313.39</b>
17.3.	<b>Checking Account: Blue Vine - Shining Star Interactive</b>	<b>\$693.45</b>
17.4.	<b>Savings Account: Members 1St</b>	<b>\$0.00</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...

**Money or property owed to you?****Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.**28. Tax refunds owed to you**

- ☒ No
- ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
- ☐ Yes. Give specific information.....

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
- ☐ Yes. Give specific information..

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
- ☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:Insurance: Home Owners Insurance\$0.00**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
- ☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
- ☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No
- ☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No
- ☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$2,098.45**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☐ No. Go to Part 6.
- ☒ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☐ No  
☒ Yes. Describe.....

photobooths, mirror photo booth, printers, ipad, popcorn machine,  
snowcone machine, cotton candy machine, laptop, LCD TV,  
Camera, 360 degree photo camera, Galaxy tablet, laptop, Canon  
Camera, Drone, Office furniture/supplies

\$1,600.00

**41. Inventory**

- ☒ No  
☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Give specific information about them.....  
Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No.  
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

\$1,600.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

*Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<u>\$122,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$3,475.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$1,840.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$2,098.45</u>	
59. Part 5: Total business-related property, line 45	<u>\$1,600.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$9,013.45</u>	Copy personal property total <u>\$9,013.45</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$131,013.45</u>

APPRAISAL OF



LOCATED AT:

1812 Redwing Ln  
Dover, PA 17315

CLIENT:

Mark Reed  
1812 Redwing Ln  
Dover, PA, 17315

AS OF:

March 10, 2021

BY:

ROBERT E. THOMAN  
PA STATE CERTIFIED RESIDENTIAL APPRAISER

March 20, 2021

Mark Reed  
1812 Redwing Ln  
Dover, PA, 17315

File Number: 21-507

Dear Client,

In accordance with your request, I have appraised the real property at:

1812 Redwing Ln  
Dover, PA 17315

The purpose of this appraisal is to develop an opinion of the defined value of the subject property, as improved. The property rights appraised are the fee simple interest in the site and improvements.

In my opinion, the defined value of the property as of March 10, 2021 is:

\$122,000  
One Hundred Twenty-Two Thousand Dollars

The attached report contains the description, analysis and supportive data for the conclusions, final opinion of value, descriptive photographs, assignment conditions and appropriate certifications.

Sincerely,



ROBERT E. THOMAN  
PA STATE CERTIFIED RESIDENTIAL APPRAISER  
RL139445

APPRaisal REPORT  
Individual Condominium Unit Appraisal Report

File No. 21-507

PURPOSE

The purpose of this appraisal report is to provide the client with a credible opinion of the defined value of the subject property, given the intended use of the appraisal.

Client Name Mark Reed E-mail mreed@shiningstarinteractive.com

Client Address 1812 Redwing Ln City Dover State PA Zip 17315

Additional Intended User(s) Client and their Attorney and Legal Representatives

Intended Use The intended use is to evaluate the property which is the Subject of this Appraisal for legal proceeding purposes. Any other use of the report by any other user is prohibited.

SUBJECT

Property Address 1812 Redwing Ln City Dover State PA Zip 17315

Owner of Public Record Mark M Reed County York

Legal Description Deed Book 1446 and Page 7898

Assessor's Parcel # 24-000-21-0001-K0-C0085 Tax Year 2021 R.E. Taxes \$ 2,317.00

Neighborhood Name Glen Hollow Condominium II/Dover Township Map Reference 3165 A11 Census Tract 0207.20

Property Rights Appraised ☒ Fee Simple ☐ Leasehold ☐ Other (describe)

SALES HISTORY

My research ☐ did ☒ did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.

Prior Sale/Transfer: Date 07/12/2001 Price \$77,000 Source(s) Deed/York County Tax and Assessment Records

Analysis of prior sale or transfer history of the subject property (and comparable sales, if applicable) The Subject did not have a sale or transfer during the three years prior to the effective date of this Appraisal Report. None of the comparables had a sale or transfer within the year prior to their most recent closing sale dates.

Offerings, options and contracts as of the effective date of the appraisal Bright Multiple Listing Service records did not indicate any sale offerings of the Subject in the past twelve months and it is unknown to the Appraiser if the Subject may have been privately listed for sale by owner.

NEIGHBORHOOD

Neighborhood Characteristics		Condominium Unit Housing Trends			Condominium Housing		Present Land Use %	
Location	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Rural	Property Values	<input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining	PRICE	AGE	One-Unit	75 %	
Built-Up	<input checked="" type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%	Demand/Supply	<input checked="" type="checkbox"/> Shortage <input type="checkbox"/> In Balance <input type="checkbox"/> Over Supply	\$(000)	(yrs)	2-4 Unit	0 %	
Growth	<input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow	Marketing Time	<input checked="" type="checkbox"/> Under 3 mths <input type="checkbox"/> 3-6 mths <input type="checkbox"/> Over 6 mths	105 Low	20	Multi-Family	0 %	
Neighborhood Boundaries	North of Poplars Rd, South of Bull Rd, East of Fox Run Rd and West of the Conewago Creek			160 High	35	Commercial	5 %	
				140 Pred.	30	Other Vacant	20 %	
Neighborhood Description	The Subject Property is located in the sub division known as Glen Hollow in Dover Township and in the Dover Area School District. It is conveniently located near schools, shopping and employment centers. Condo and non condo dwellings are located in this sub division. Commercial and residential uses are found within the Subjects general neighborhood.							
Market Conditions (including support for the above conclusions)	Conventional and USDA financing are predominant in the local market. The average marketing time for this neighborhood ranges between 1-90 days. Information from the York Adams Board of Realtors indicates the median sale price of all type dwellings which sold in the Dover Area School District increased 11% in 2020. There was a 7% increase in 2019.							

PROJECT SITE

Topography Basically Level Size Typical for the Area Density Average View Neighborhood

Specific Zoning Classification R3 Zoning Description Medium Density Residential

Zoning Compliance ☒ Legal ☐ Legal Nonconforming ☐ No Zoning ☐ Illegal (describe)

Is the highest and best use of the subject property as improved (or as proposed per plans and specifications) the present use? ☒ Yes ☐ No If No, describe. A single family semi detached condominium dwelling is a permitted use in the R3 zoning classification according to the Dover Township zoning ordinance.

Utilities	Public	Other (describe)	Public	Other (describe)	Off-site Improvements—Type	Public	Private
Electricity	<input checked="" type="checkbox"/>		Water	<input checked="" type="checkbox"/>	Street Asphalt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gas	<input checked="" type="checkbox"/>		Sanitary Sewer	<input checked="" type="checkbox"/>	Alley None	<input type="checkbox"/>	<input type="checkbox"/>

Site Comments Typical site with no apparent easements or encroachments noted. The Appraiser did not examine all title documents. The Appraiser is not a home, pest, environmental inspector or land surveyor. The Appraisers inspection of the property was limited to what was readily observable on surface areas.

PROJECT INFORMATION

Data source(s) for project information York Adams Board of Realtors data/Bright Multiple Listing Service

Project Description ☐ Detached ☒ Row or Townhouse ☐ Garden ☐ Mid-Rise ☐ High-Rise ☐ Other(describe)

General Description	General Description	General Description	General Description	Project Info	
# of Stories 2	Effective Age 16	Exterior Walls Vinyl	Ratio (spaces/units) n/a	# of Units	26
# of Elevators 0	<input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed	Roof Surface Shingle	Type Driveway	# of Units Completed	26
Year Built 1989	<input type="checkbox"/> Under Construction	Total # Parking Driveway/Street	Guest Parking Street	# of Units Rented	Unknown

Describe the condition of the project and quality of construction. The sub division and its quality of construction both appear to be in average condition.

Describe the common elements and recreational facilities. Retention Pond

UNIT DESCRIPTION

GENERAL DESCRIPTION	INTERIOR materials	AMENITIES	APPLIANCES	CAR STORAGE
Floor # 1	Floors Carpet/Vinyl	<input type="checkbox"/> Fireplace(s) # 0	<input checked="" type="checkbox"/> Refrigerator	<input type="checkbox"/> None
# of Levels 2	Walls Drywall/Paint	<input type="checkbox"/> Woodstove(s) # 0	<input checked="" type="checkbox"/> Range/Oven	<input checked="" type="checkbox"/> Garage <input type="checkbox"/> Covered <input type="checkbox"/> Open
Heating Type ElctrcBB Fuel Electric	Trim/Finish Wood/Paint/Stain	<input type="checkbox"/> Deck/Patio 0/0	<input type="checkbox"/> Disp <input checked="" type="checkbox"/> Microwave	# of Cars 1
<input type="checkbox"/> Central AC <input type="checkbox"/> Individual AC	Bath Wainscot Fiberglass	<input checked="" type="checkbox"/> Porch/Balcony Rear Porch	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Assigned <input checked="" type="checkbox"/> Owned
<input checked="" type="checkbox"/> Other (describe) None	Doors Wood	<input type="checkbox"/> Other None	<input checked="" type="checkbox"/> Washer/Dryer	Parking Space # 0
Finished area above grade contains: 6 Rooms 3 Bedrooms 1.1 Bath(s) 1,342 Square Feet of Gross Living Area Above Grade				
Comments on the improvements: The Subject appears to functionally and physically adequately maintained. According to the property owner, no updates or remodeling has been made to the dwelling in the past 15+ years, other than a new hot water heater.				



APPRAISAL REPORT  
Individual Condominium Unit Appraisal Report

File No. 21-507

SALES COMPARISON APPROACH

FEATURE		SUBJECT		COMPARABLE SALE NO. 1			COMPARABLE SALE NO. 2			COMPARABLE SALE NO. 3				
Address 1812 Redwing Ln and Dover, PA 17315 Unit # 85				3503 Cardinal Ln Dover, PA 17315 1			3116 Sunshine Dr Dover, PA 17315 88			3140 Glen Hollow Dr Dover, PA 17315 111				
Project Name and Phase Glen Hollow 1				Stone Bridge Crossing 1			Stone Bridge Crossing 1			Glen Hollow 1				
Proximity to Subject				0.35 miles NW			0.20 miles NW			0.03 miles NW				
Sale Price		\$ 0		\$ 129,900			\$ 134,000			\$ 132,000				
Sale Price/Gross Liv. Area		\$ 90.91 sq. ft.		\$ 93.19 sq. ft.			\$ 113.85 sq. ft.			\$ 95.79 sq. ft.				
Data Source(s)				BMLS #PAYK141812			BMLS #PAYK148094			BMLS #PAYK139428				
Verification Source(s)				York County Tax Records			York County Tax Records			York County Tax Records				
VALUE ADJUSTMENTS		DESCRIPTION		DESCRIPTION		+(-) \$ Adjustment	DESCRIPTION		+(-) \$ Adjustment		DESCRIPTION		+(-) \$ Adjustment	
Sale or Financing Concessions				USDA/CC-\$3,897 DOM/2		-3,897	USDA/CC-\$3,900 DOM3		-3,900		Conv/CC-\$0 DOM/16			
Date of Sale/Time				09/30/2020			12/23/2020				10/21/2020			
Location		Suburban		Suburban			Suburban				Suburban			
Leasehold/Fee Simple		Fee Simple		Fee Simple			Fee Simple				Fee Simple			
HOA Mo. Assessment		\$85 Yearly		\$300 Yearly		0	\$300 Yearly		0		\$45 Yearly		0	
Common Elements and Rec. Facilities		Retention Pond		Common Areas		0	Common Areas		0		Retention Pond			
Floor Location		1		1			1				1			
View		Neighborhood		Neighborhood			Neighborhood				Neighborhood			
Design (Style)		Townhouse		Townhouse			Townhouse				Townhouse			
Quality of Construction		Vinyl		Vinyl/Brick		0	Vinyl/Brick		0		Vinyl			
Actual Age		32+/- Years		29 +/- Years		0	29 +/- Years		0		32+/- Years			
Condition		Average		Average			Good		-13,400		Average/Good		-6,600	
Above Grade		Total	Bdrms.	Baths	Total	Bdrms.	Baths	Total	Bdrms.	Baths	Total	Bdrms.	Baths	
Room Count		6	3	1.1	5	2	2	(Ba) -1,500	5	2	1.1	6	3	1.1
Gross Living Area 20.00		1,342 sq. ft.		1,394 sq. ft.		0	1,177 sq. ft.		3,300		1,378 sq. ft.		0	
Basement & Finished Rooms Below Grade		None		Partial Unfinished		-5,000	None				None			
Functional Utility		Average		Average			Average				Average			
Heating/Cooling		ElctrcBB/None		FWA/CAC		-2,000	FWA/CAC		-2,000		FWA/CAC		-2,000	
Energy Efficient Items		No Unusual		No Unusual			No Unusual				No Unusual			
Garage/Carport		1 Car Garage		1 Car Garage			1 Car Garage				1 Car Garage			
Porch/Patio/Deck		Porch		Deck		0	Deck		0		Porch/Deck		0	
Net Adjustment (Total)				<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ 12,397		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ 16,000		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ 8,600			
Adjusted Sale Price of Comparables				Net Adj.	-9.5%		Net Adj.	-11.9%		Net Adj.	-6.5%			
				Gross Adj.	9.5%	\$ 117,503	Gross Adj.	16.9%	\$ 118,000	Gross Adj.	6.5%	\$ 123,400		

Summary of Sales Comparison Approach The six closed sales used in this report were determined to be the most similar to the Subject property. Appropriate adjustments have been made for all known differences. Comparable #1 appears to be most similar in overall Condition. Comparables #1 and #3 did not require a square footage (GLA) adjustment. Comparables #2 and #5 have the most recent closing sale dates. Comparables #3 and #4 have the least number of adjustments. All sales are considered to be viable comparables with most weight allotted to #1, #2, #3 and #5 for the above stated reasons. The full amount paid in seller assisted closing costs was deducted from Comparables #1, #2 and #5. Based on MLS listing information several of the sales appear to be superior to the Subject in upgrades and enhanced amenities with a Condition adjustment made accordingly.

Indicated Value by Sales Comparison Approach \$ 122,000

INCOME

INCOME APPROACH TO VALUE  
Estimated Monthly Market Rent \$ 0.00 X Gross Rent Multiplier 0.00 = \$ 0 Indicated Value by Income Approach  
Summary of Income Approach (including support for market rent and GRM) The income approach to value was considered but not utilized as there is not sufficient market data on single family rentals.

RECONCILIATION

Indicated Value by: Sales Comparison Approach \$ 122,000 Income Approach (if developed) \$ 0  
The income approach and the cost approach were considered but were determined not to be relevant to this particular report. Most emphasis was given to the sales comparison approach to value.

This appraisal is made ☒ "as is," ☐ subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed, ☐ subject to the following repairs or alterations on the basis of a hypothetical condition that the repairs or alterations have been completed ☐ subject to the following:  
Appraised in current condition

Based on the scope of work, assumptions, limiting conditions and appraiser's certification, my (our) opinion of the defined value of the real property that is the subject of this report is \$ 122,000 as of 03/10/2021, which is the effective date of this appraisal.

APPRAISAL REPORT  
Individual Condominium Unit Appraisal Report

File No. 21-507

SALES COMPARISON APPROACH

FEATURE		SUBJECT		COMPARABLE SALE NO. 4				COMPARABLE SALE NO. 5				COMPARABLE SALE NO. 6			
Address 1812 Redwing Ln and Dover, PA 17315 Unit # 85				3239 Cardinal Ln Dover, PA 17315 13				1634 Blue Jay Dr Dover, PA 17315 A				3143 Glen Hollow Dr Dover, PA 17315 87			
Project Name and Phase Glen Hollow 1				Glen Hollow 1				Glen Hollow 1				Glen Hollow 1			
Proximity to Subject				0.21 miles SW				0.06 miles SW				0.03 miles NW			
Sale Price		\$ 0				\$ 129,000				\$ 149,900				\$ 148,000	
Sale Price/Gross Liv. Area		\$ 90.91 sq. ft.		\$ 109.88 sq. ft.				\$ 127.68 sq. ft.				\$ 127.37 sq. ft.			
Data Source(s)				BMLS #PAYK136320				BMLS #PAYK145892				BMLS #PAYK145496			
Verification Source(s)				York County Tax Records				York County Tax Records				York County Tax Records			
VALUE ADJUSTMENTS		DESCRIPTION		DESCRIPTION		+(-) \$ Adjustment		DESCRIPTION		+(-) \$ Adjustment		DESCRIPTION		+(-) \$ Adjustment	
Sale or Financing Concessions				USDA/CC-\$0 DOM/41				Conv/CC-\$8,994 DON/25		-8,994		Conv/CC-\$0 DOM/4			
Date of Sale/Time				07/27/2020				02/05/2021				10/23/2020			
Location		Suburban		Suburban				Suburban				Suburban			
Leasehold/Fee Simple		Fee Simple		Fee Simple				Fee Simple				Fee Simple			
HOA Mo. Assessment		\$85 Yearly		\$45 Yearly		0		\$65 Yearly		0		\$45 Yearly		0	
Common Elements and Rec. Facilities		Retention Pond		Retention Pond				Retention Pond				Retention Pond			
Floor Location		1		1				1				1			
View		Neighborhood		Neighborhood				Neighborhood				Neighborhood			
Design (Style)		Townhouse		Townhouse				Townhouse				Townhouse			
Quality of Construction		Vinyl		Vinyl				Vinyl				Vinyl			
Actual Age		32+/- Years		33 +/- Years		0		31 +/- Years		0		31 +/- Years		0	
Condition		Average		Average/Good		-6,500		Good		-15,000		Good/Remodeled		-22,200	
Above Grade		Total	Bdrms.	Baths	Total	Bdrms.	Baths	Total	Bdrms.	Baths	Total	Bdrms.	Baths		
Room Count		6	3	1.1	5	3	1.1	6	3	1.1		6	3	1.2	(Ba) -1,500
Gross Living Area 20.00		1,342 sq. ft.		1,174 sq. ft.		3,400		1,174 sq. ft.		3,400		1,162 sq. ft.		3,600	
Basement & Finished Rooms Below Grade		None		None				None				None			
Functional Utility		Average		Average				Average				Average			
Heating/Cooling		ElctrcBB/None		ElctrcBB/None				FWA/CAC		-2,000		FWA/CAC		-2,000	
Energy Efficient Items		No Unusual		No Unusual				No Unusual				No Unusual			
Garage/Carport		1 Car Garage		1 Car Garage				1 Car Garage				None		3,000	
Porch/Patio/Deck		Porch		Patio/Deck		0		Deck		0		Deck		0	
Net Adjustment (Total)				<input type="checkbox"/> +	<input checked="" type="checkbox"/> -	\$ 3,100		<input type="checkbox"/> +	<input checked="" type="checkbox"/> -	\$ 22,594		<input type="checkbox"/> +	<input checked="" type="checkbox"/> -	\$ 19,100	
Adjusted Sale Price of Comparables				Net Adj.	-2.4%			Net Adj.	-15.1%			Net Adj.	-12.9%		
				Gross Adj.	7.7%	\$ 125,900		Gross Adj.	19.6%	\$ 127,306		Gross Adj.	21.8%	\$ 128,900	

Summary of Sales Comparison Approach															

ADDENDUM

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315

UNIFORM RESIDENTIAL APPRAISAL REPORT ADDENDUM

THIS APPRAISAL WAS PREPARED IN COMPLIANCE WITH THE UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE, FIRREA, FDIC, OCC, OTS, AND RTC REQUIREMENTS AND IS AN APPRAISAL REPORT.

THE FOLLOWING ITEMS ARE SPECIFIC CONDITIONS THAT WERE IDENTIFIED BY THIS APPRAISER DURING THE INSPECTION OF THE SUBJECT PROPERTY, THE COMPARABLES SALES AND THEIR NEIGHBORHOODS AND LOCATIONS. UNLESS OTHERWISE NOTED, THE CONDITIONS THAT APPLY TO THE SUBJECT PROPERTY OR COMPARABLES USED, DO NOT AFFECT MARKET VALUE OR FUTURE MARKETABILITY OF THE SUBJECT PROPERTY BEING APPRAISED.

THE INTENDED USER OF THIS REPORT IS THE REFERENCED CLIENT. THIS REPORT IS INTENDED TO ASSIST THE CLIENT IN MAKING A LEGAL DECISION. ANY OTHER USE OF THE REPORT BY ANY OTHER USER IS PROHIBITED.

PER USPAP 2005 ETHICS RULE, “AN APPRAISER MUST NOT ACCEPT AN ASSIGNMENT THAT INCLUDES THE RECORDING OF THE PREDETERMINED OPINIONS AND CONCLUSIONS.” THEREFORE, IF THERE WAS AN ESTIMATED VALUE ON THE APPRAISAL REQUEST, IT WAS NOT TAKEN INTO CONSIDERATION.

SOURCE OF MARKET VALUE DEFINITION

THE SOURCE FOR THE DEFINITION OF MARKET VALUE IS FROM REGULATIONS PUBLISHED BY VARIOUS FEDERAL REGULATORY AGENCIES PURSUANT TO TITLE XI OF FIRREA OF 1989. THESE AGENCIES INCLUDE THE FEDERAL RESERVE (FRS), THE NATIONAL CREDIT UNION ADMINISTRATION (NCUA), THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC), THE OFFICE OF THRIFT SUPERVISION (OTS), AND THE OFFICE OF COMPTROLLER OF CURRENCY (OCC). THIS DEFINITION IS ALSO REFERENCED IN REGULATIONS PUBLISHED BY THE FDIC IN THE INTERAGENCY APPRAISAL AND EVALUATION GUIDELINES, ALSO KNOWN AS PART 323, DATED OCTOBER 27, 1994.

ANY PRIOR SALES FOR THE SUBJECT PROPERTY IN THE PAST THREE YEARS ARE LISTED UNDER THE GRID IN THE SPACE PROVIDED FOR SALE ANALYSIS AND/OR ON PAGE ONE OF THE MPSA. THIS INFORMATION WAS OBTAINED FROM THE COUNTY RECORDS. THE APPRAISER CAN ONLY ASSUME THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE AS OF THE EFFECTIVE DATE OF THE APPRAISAL. THE APPRAISER DOES NOT ASSUME RESPONSIBILITY FOR INACCURATE OR MISSING INFORMATION REPORTED IN TAX RECORDS.

SIGNATURES MAY BE DIGITAL OR STAMPED. THE DIGITAL SIGNATURES IN THIS REPORT ARE PASSWORD PROTECTED. PASSWORD PROTECT IS A FEATURE OF THE ACI SOFTWARE USED BY BOB THOMAN RESIDENTIAL APPRAISALS. THIS IS IN COMPLIANCE WITH USPAP STATEMENT #8.

THE SALE OF COMPARABLE #4 OCCURRED OVER SIX MONTHS PRIOR TO THE DATE OF THE APPRAISAL. ALL COMPARABLES USED WERE THE BEST AVAILABLE. USE OF THESE COMPARABLES WILL HAVE NO ADVERSE EFFECT ON MARKETABILITY OR FUTURE VALUE.

THE SUBJECT PROPERTY'S APPRAISED VALUE IS LOWER THAN THE PREDOMINANT NEIGHBORHOOD RANGE. THE SUBJECT IS NOT CONSIDERED AN UNDER IMPROVEMENT AND THE PREDOMINANT NEIGHBORHOOD RANGE HAS NO ADVERSE EFFECT ON THE SUBJECT'S MARKETABILITY.

THE APPRAISER CERTIFIES THAT THE MARKET VALUE IS BASED ON THE THREE APPROACHES

ADDENDUM

Client: Mark Reed		File No.: 21-507	
Property Address: 1812 Redwing Ln		Case No.:	
City: Dover	State: PA		Zip: 17315

TO VALUE AND NOT BECAUSE OF A REQUEST TO FIND A MINIMUM OR MAXIMUM VALUE OR FUTURE MARKETABILITY IN THE APPRAISAL REPORT.

AT THE TIME OF INSPECTION, THE MECHANICAL SYSTEMS APPEARED TO BE IN SATISFACTORY WORKING ORDER.

THE COST APPROACH TO VALUE IS NOT UTILIZED, AS THE REPRODUCTION COSTS ON HOMES OF THE SUBJECTS AGE ARE PROHIBITIVE.

THE SUBJECT PROPERTY IS LOCATED IN AN AREA OF PRIMARILY OWNER-OCCUPIED, SINGLE FAMILY RESIDENCES. THEREFORE, THE INCOME APPROACH IS NOT CONSIDERED TO BE MEANINGFUL. FOR THIS REASON, THE INCOME APPROACH WAS NOT USED.

CONDOMINIUM DUES ARE \$85.00 PER YEAR ACCORDING TO THE PROPERTY OWNER. DUES APPEAR TO BE REASONABLE AND ADEQUATE TO MAINTAIN THE SUBJECT PROPERTY ADEQUATELY.

ALL COMPARABLES ARE CLOSED SALES. VERIFICATION IS FROM LOCAL MULTIPLE LISTING SERVICES AND/OR PUBLIC RECORDS.

COMMERCIAL AND/OR INDUSTRIAL USES ARE LOCATED WITHIN THE SUBJECT'S NEIGHBORHOOD. THESE USES ARE TYPICAL AND COMMON FOR THE NEIGHBORHOOD. THE PREDOMINANT USE IS STILL RESIDENTIAL IN NATURE. THIS CONDITION DOES NOT ADVERSELY AFFECT MARKET VALUE OR FUTURE MARKETABILITY OF THE SUBJECT PROPERTY.

DETECTION OF MOLD OR POTENTIALLY HAZARDOUS MATERIALS ARE BEYOND THE SCOPE OF EXPERTISE OF THIS APPRAISER. THE APPRAISER IS NOT QUALIFIED TO DETECT SUCH SUBSTANCES OR UNSEEN ENVIRONMENTAL HAZARDS. WE URGE THE CLIENT TO RETAIN AN EXPERT REGARDING THESE MATTERS.

VACANT AND UNDEVELOPED LAND USES ARE LOCATED WITHIN THE SUBJECT'S IMMEDIATE MARKET AREA. THESE USES ARE TYPICAL FOR THE AREA AND DO NOT ADVERSELY AFFECT MARKET VALUE OR FUTURE MARKETABILITY.

THE PHOTOS OF COMPARABLE PROPERTIES ARE FROM THE MULTIPLE LISTING SERVICE AND ARE USED FOR EXPEDIENCY.

IN THE YORK COUNTY MARKETPLACE, IT IS COMMON NOT TO ADJUST COMPARABLE SALES FOR ANY SQUARE FOOTAGE DIFFERENCE OF LESS THAN 100 SQUARE FEET. THE LACK OF THIS ADJUSTMENT TO THE COMPARABLES WOULD HAVE NO EFFECT ON THE SUBJECT'S MARKETABILITY OR FUTURE VALUE.

THE CLIENT AGREES THAT SHOULD THE APPRAISER BE CALLED TO TESTIFY AS TO THIS APPRAISAL REPORT, THE CLIENT WILL REIMBURSE THE APPRAISER AT THE HOURLY RATE OF \$150.00 IN ADDITION TO PARKING AND TRAVEL EXPENSES.

Scope of Work, Assumptions and Limiting Conditions

Scope of work is defined in the Uniform Standards of Professional Appraisal Practice as " the type and extent of research and analyses in an assignment." In short, scope of work is simply what the appraiser did and did not do during the course of the assignment. It includes, but is not limited to: the extent to which the property is identified and inspected, the type and extent of data researched, the type and extent of analyses applied to arrive at opinions or conclusions.

The scope of this appraisal and ensuing discussion in this report are specific to the needs of the client, other identified intended users and to the intended use of the report. This report was prepared for the sole and exclusive use of the client and other identified intended users for the identified intended use and its use by any other parties is prohibited. The appraiser is not responsible for unauthorized use of the report.

The appraiser's certification appearing in this appraisal report is subject to the following conditions and to such other specific conditions as are set forth by the appraiser in the report. All extraordinary assumptions and hypothetical conditions are stated in the report and might have affected the assignment results.

1. The appraiser assumes no responsibility for matters of a legal nature affecting the property appraised or title thereto, nor does the appraiser render any opinion as to the title, which is assumed to be good and marketable. The property is appraised as though under responsible ownership.
  2. Any sketch in this report may show approximate dimensions and is included only to assist the reader in visualizing the property. The appraiser has made no survey of the property.
  3. The appraiser is not required to give testimony or appear in court because of having made the appraisal with reference to the property in question, unless arrangements have been previously made thereto.
  4. Neither all, nor any part of the content of this report, copy or other media thereof (including conclusions as to the property value, the identity of the appraiser, professional designations, or the firm with which the appraiser is connected), shall be used for any purposes by anyone but the client and other intended users as identified in this report, nor shall it be conveyed by anyone to the public through advertising, public relations, news, sales, or other media, without the written consent of the appraiser.
  5. The appraiser will not disclose the contents of this appraisal report unless required by applicable law or as specified in the Uniform Standards of Professional Appraisal Practice.
  6. Information, estimates, and opinions furnished to the appraiser, and contained in the report, were obtained from sources considered reliable and believed to be true and correct. However, no responsibility for accuracy of such items furnished to the appraiser is assumed by the appraiser.
  7. The appraiser assumes that there are no hidden or unapparent conditions of the property, subsoil, or structures, which would render it more or less valuable. The appraiser assumes no responsibility for such conditions, or for engineering or testing, which might be required to discover such factors. This appraisal is not an environmental assessment of the property and should not be considered as such.
  8. The appraiser specializes in the valuation of real property and is not a home inspector, building contractor, structural engineer, or similar expert, unless otherwise noted. The appraiser did not conduct the intensive type of field observations of the kind intended to seek and discover property defects. The viewing of the property and any improvements is for purposes of developing an opinion of the defined value of the property, given the intended use of this assignment. Statements regarding condition are based on surface observations only. The appraiser claims no special expertise regarding issues including, but not limited to: foundation settlement, basement moisture problems, wood destroying (or other) insects, pest infestation, radon gas, lead based paint, mold or environmental issues. Unless otherwise indicated, mechanical systems were not activated or tested.
- This appraisal report should not be used to disclose the condition of the property as it relates to the presence/absence of defects. The client is invited and encouraged to employ qualified experts to inspect and address areas of concern. If negative conditions are discovered, the opinion of value may be affected.
- Unless otherwise noted, the appraiser assumes the components that constitute the subject property improvement(s) are fundamentally sound and in working order.
- Any viewing of the property by the appraiser was limited to readily observable areas. Unless otherwise noted, attics and crawl space areas were not accessed. The appraiser did not move furniture, floor coverings or other items that may restrict the viewing of the property.
9. Appraisals involving hypothetical conditions related to completion of new construction, repairs or alteration are based on the assumption that such completion, alteration or repairs will be competently performed.
  10. Unless the intended use of this appraisal specifically includes issues of property insurance coverage, this appraisal should not be used for such purposes. Reproduction or Replacement cost figures used in the cost approach are for valuation purposes only, given the intended use of the assignment. The Definition of Value used in this assignment is unlikely to be consistent with the definition of Insurable Value for property insurance coverage/use.
  11. The ACI General Purpose Appraisal Report (GPAR™) is not intended for use in transactions that require a Fannie Mae 1073/Freddie Mac 465 form, also known as the Individual Condominium Unit Appraisal Report (Condo).

Additional Comments Related To Scope Of Work, Assumptions and Limiting Conditions

Appraiser's Certification

The appraiser(s) certifies that, to the best of the appraiser's knowledge and belief:

1. The statements of fact contained in this report are true and correct.
2. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are the appraiser's personal, impartial, and unbiased professional analyses, opinions, and conclusions.
3. Unless otherwise stated, the appraiser has no present or prospective interest in the property that is the subject of this report and has no personal interest with respect to the parties involved.
4. The appraiser has no bias with respect to the property that is the subject of this report or to the parties involved with this assignment.
5. The appraiser's engagement in this assignment was not contingent upon developing or reporting predetermined results.
6. The appraiser's compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
7. The appraiser's analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice.
8. Unless otherwise noted, the appraiser has made a personal inspection of the property that is the subject of this report.
9. Unless noted below, no one provided significant real property appraisal assistance to the appraiser signing this certification. Significant real property appraisal assistance provided by:

Additional Certifications:

10. I HAVE SELECTED AND USED COMPARABLE SALES THAT ARE LOCATIONALLY, PHYSICALLY AND FUNCTIONALLY THE MOST SIMILAR TO THE SUBJECT PROPERTY.
11. I HAVE REPORTED ADJUSTMENTS TO THE COMPARABLE SALES THAT REFLECT THE MARKETS REACTION TO THE DIFFERENCES BETWEEN THE SUBJECT AND THE COMPARABLE SALES.
12. I HAVE KNOWLEDGE AND EXPERIENCE IN APPRAISING THIS TYPE OF PROPERTY IN THIS MARKET AREA.
13. I AM AWARE OF, AND HAVE ACCESS TO THE NECESSARY AND APPROPRIATE PUBLIC AND PRIVATE DATA SOURCES, SUCH AS MULTIPLE LISTING SERVICES, TAX ASSESSMENT RECORDS, PUBLIC LAND RECORDS AND OTHER SUCH DATA SOURCES FOR THE AREA IN WHICH THE PROPERTY IS LOCATED.

Definition of Value: ☒ Market Value ☐ Other Value: \_\_\_\_\_

Source of Definition: REGULATIONS PUBLISHED BY VARIOUS FEDERAL REGULATORY AGENCIES PURSUANT TO TITLE XI OF FIRREA OF 1989. THESE AGENCIES INCLUDE THE FEDERAL RESERVE (FRS), THE NATIONAL CREDIT UNION ADMINISTRATION (NCUA), THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC), THE OFFICE OF THRIFT SUPERVISION (OTS), AND THE OFFICE OF COMPTROLLER OF CURRENCY (OCC). THIS DEFINITION IS ALSO REFERENCED IN REGULATIONS PUBLISHED BY THE FDIC IN THE INTERAGENCY APPRAISAL AND EVALUATION GUIDELINES, ALSO KNOWN AS PART 323, DATED OCTOBER 27, 1994.

DEFINITION OF MARKET VALUE: THE MOST PROBABLE PRICE WHICH A PROPERTY SHOULD BRING IN A COMPETITIVE AND OPEN MARKET UNDER ALL CONDITIONS REQUISITE TO A FAIR SALE, THE BUYER AND SELLER, EACH ACTING PRUDENTLY, KNOWLEDGEABLY AND ASSUMING THE PRICE IS NOT AFFECTED BY UNDUE STIMULUS. IMPLICIT IN THIS DEFINITION IS THE CONSUMMATION OF A SALE AS OF A SPECIFIED DATE AND THE PASSING OF TITLE FROM SELLER TO BUYER UNDER CONDITIONS WHEREBY: (1) BUYER AND SELLER ARE TYPICALLY MOTIVATED; (2) BOTH PARTIES ARE WELL INFORMED OR WELL ADVISED,AND EACH ACTING IN WHAT HE OR SHE CONSIDERS HIS OR HER OWN BEST INTEREST; (3) A REASONABLE TIME IS ALLOWED FOR EXPOSURE IN THE OPEN MARKET; (4) PAYMENT IS MADE IN TERMS OF CASH IN U.S. DOLLARS OR IN TERMS OF FINANCIAL ARRANGEMENTS COMPARABLE THERETO; AND (5) THE PRICE REPRESENTS THE NORMAL CONSIDERATION FOR THE PROPERTY SOLD UNAFFECTED BY SPECIAL OR CREATIVE FINANCING OR SALES CONCESSIONS GRANTED BY ANYONE ASSOCIATED WITH THE SALE.

ADDRESS OF THE PROPERTY APPRAISED:  
1812 Redwing Ln  
Dover, PA 17315  
EFFECTIVE DATE OF THE APPRAISAL: March 10, 2021  
APPRAISED VALUE OF THE SUBJECT PROPERTY \$ 122,000

APPRAISER

Signature: Robert E. Thoman  
Name: ROBERT E. THOMAN, PA STATE CERTIFIED RES APPRAISER  
Company Name: BOB THOMAN RESIDENTIAL APPRAISALS  
Company Address: 6245 Thoman Dr  
Spring Grove, PA 17362  
Telephone Number: 717-586-3474  
Email Address: bobthomanappraisals@gmail.com  
State Certification # RL139445  
or License #  
or Other (describe): State #:  
State: PA  
Expiration Date of Certification or License: 06/30/2021  
Date of Signature and Report: 03/20/2021  
Date of Property Viewing: 03/10/2021  
Degree of property viewing:  
☒ Interior and Exterior ☐ Exterior Only ☐ Did not personally view

SUPERVISORY APPRAISER

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State Certification # \_\_\_\_\_  
or License # \_\_\_\_\_  
State: \_\_\_\_\_  
Expiration Date of Certification or License: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_  
Date of Property Viewing: \_\_\_\_\_  
Degree of property viewing:  
☐ Interior and Exterior ☐ Exterior Only ☐ Did not personally view

USPAP ADDENDUM

File No. 21-507

Borrower: Mark Reed				
Property Address: 1812 Redwing Ln				
City: Dover	County: York	State: PA	Zip Code: 17315	
Lender: Mark Reed				

APPRAISAL AND REPORT IDENTIFICATION

This report was prepared under the following USPAP reporting option:

☒ Appraisal Report      A written report prepared under Standards Rule 2-2(a).

☐ Restricted Appraisal Report      A written report prepared under Standards Rule 2-2(b).

Pursuant to the Scope of Work, as disclosed elsewhere in this report.

Reasonable Exposure Time

My opinion of a reasonable exposure time for the subject property at the market value stated in this report is: 0-30 days

Please view the Reasonable Exposure Time comments under the Additional Comments section of this form as shown below

Additional Certifications

☒ I have performed NO services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.

☐ I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below.

See Attached Addendum

Additional Comments

The reasonable exposure time for the Subject was based on a historical analysis completed on the comparable sales which shows the majority sold when their exposure time was within a 0-30 day time frame.


Exposure time is always presumed to precede the effective date of the appraisal. It is the estimated length of time the property would have been offered on the market, prior to the hypothetical sale, at the appraised value, on the effective date of the appraisal. It is a retrospective estimate based on an analysis of past events assuming a competitive and open market. This includes not only adequate, sufficient and reasonable time, but adequate, sufficient and reasonable effort. It is often expressed as a range and is based on the following:

1. Statistical information about days on the market, most commonly obtained from the local Multiple Listing Service.

2. Information gathered through sale verification.

3. Interviews with market participants.

This is based on an analysis of current market trends in the general area and takes into account the size, condition and price range of the Subject property and surrounding area. It presupposes that the listed price would be at or near the appraised value. It also assumes aggressive professional marketing by reputable local real estate offices.

APPRAISER:	SUPERVISORY APPRAISER (only if required):
Signature: 	Signature: _____
Name: ROBERT E. THOMAN	Name: _____
Date Signed: 03/20/2021	Date Signed: _____
State Certification #: RL139445	State Certification #: _____
or State License #: _____	or State License #: _____
or Other (describe): _____ State #: _____	State: _____
State: PA	Expiration Date of Certification or License: _____
Expiration Date of Certification or License: 06/30/2021	Supervisory Appraiser inspection of Subject Property:
Effective Date of Appraisal: March 10, 2021	<input type="checkbox"/> Did Not <input type="checkbox"/> Exterior-only from street <input type="checkbox"/> Interior and Exterior

ADDENDUM

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315

Additional Certifications Comments

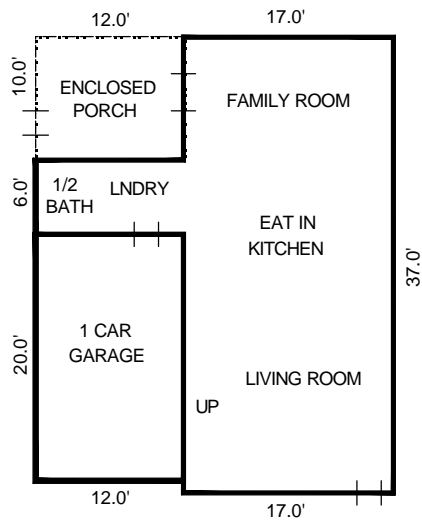
Comments on Standards Rule 2-3:  
I certify that, to the best of my knowledge and belief:  
The statements of fact contained in this report are true and correct.  
The reported analyses, opinions and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial and unbiased professional analyses, opinions and conclusions.  
Unless otherwise indicated, I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.  
Unless otherwise indicated, I have performed no services, as an Appraiser or in any other capacity, regarding the property that is the subject of this report within the three year period immediately preceding acceptance of this assignment.  
I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.  
My engagement in this assignment was not contingent upon developing or reporting predetermined results.  
My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of the Appraisal.  
My analyses, opinions and conclusions were developed, and the report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared.  
Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report.  
Unless otherwise indicated, no one provided significant real property appraisal assistance to the persons signing this certification (if there are exceptions, the name of each individual providing significant real property appraisal assistance is stated elsewhere in this report)  
The report has been prepared in accordance with Title XI of FIRREA as amended, and any implementing regulations.



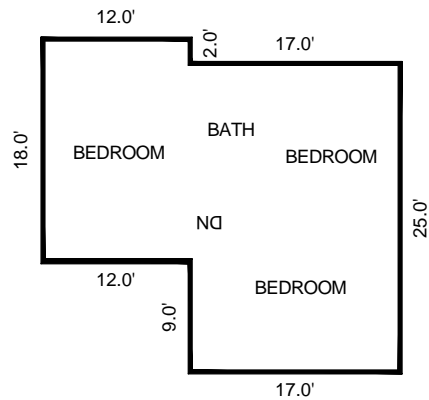
FLOORPLAN SKETCH

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315

FIRST FLOOR



SECOND FLOOR



Seabhy/Apex/™

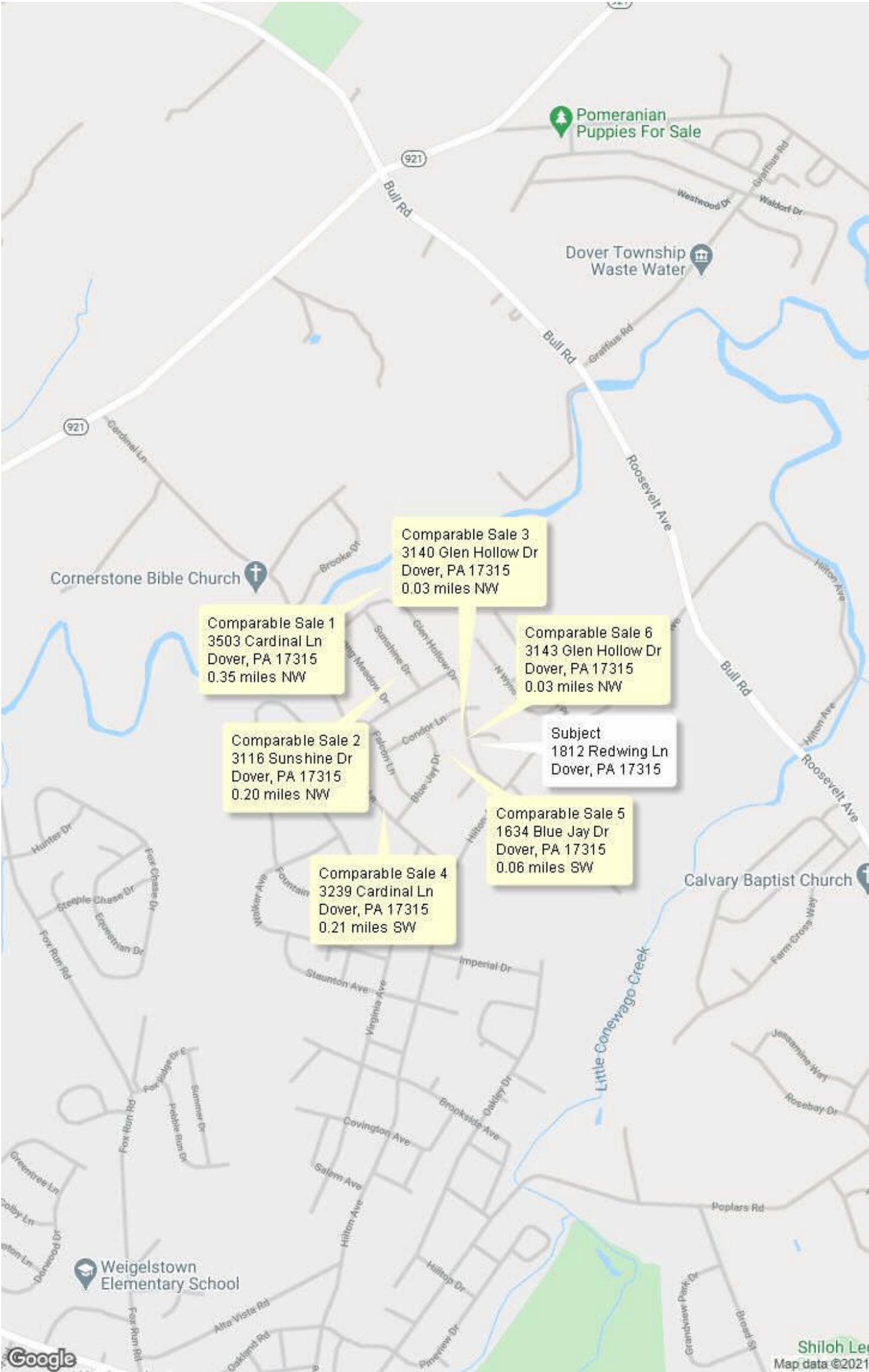
Comments:

AREA CALCULATIONS SUMMARY			
Code	Description	Net Size	Net Totals
GLA1	First Floor	701.0	701.0
GLA2	Second Floor	641.0	641.0
P/P	Porch	120.0	120.0
GAR	Garage	240.0	240.0
Net LIVABLE Area		(Rounded)	1342

LIVING AREA BREAKDOWN			Subtotals
Breakdown			
First Floor			
6.0	x	12.0	72.0
17.0	x	37.0	629.0
Second Floor			
17.0	x	25.0	425.0
12.0	x	18.0	216.0
4 Items			(Rounded) 1342

LOCATION MAP

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315



FLOOD MAP

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315



FLOOD INFORMATION

Community: TOWNSHIP OF DOVER  
Property is NOT in a FEMA Special Flood Hazard Area  
Map Number: 42133C0193F  
Panel: 42133C0193  
Zone: X  
Map Date: 12-16-2015  
FIPS: 42133  
Source: FEMA DFIRM

LEGEND

-  = FEMA Special Flood Hazard Area – High Risk
-  = Moderate and Minimal Risk Areas
- Road View:
  -  = Forest
  -  = Water

Sky Flood™

No representations or warranties to any party concerning the content, accuracy or completeness of this flood report, including any warranty of merchantability or fitness for a particular purpose is implied or provided. Visual scaling factors differ between map layers and are separate from flood zone information at marker location. No liability is accepted to any third party for any use or misuse of this flood map or its data.



SUBJECT PROPERTY PHOTO ADDENDUM

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315



FRONT VIEW OF  
SUBJECT PROPERTY

Appraised Date: March 10, 2021  
Appraised Value: \$ 122,000



REAR VIEW OF  
SUBJECT PROPERTY



STREET SCENE



Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315



Living Room



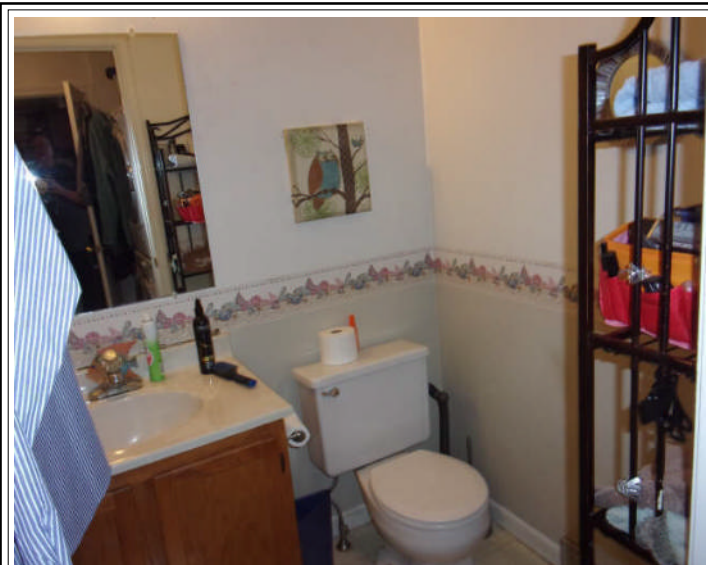
Family Room



Kitchen



Second Floor Full Bathroom



First Floor Half Bathroom



Street Scene in the Opposite Direction



# COMPARABLE PROPERTY PHOTO ADDENDUM

Client: Mark Reed	File No.: 21-507
Property Address: 1812 Redwing Ln	Case No.:
City: Dover	State: PA Zip: 17315



## COMPARABLE SALE #1

3503 Cardinal Ln  
Dover, PA 17315  
Sale Date: 09/30/2020  
Sale Price: \$ 129,900



## COMPARABLE SALE #2

3116 Sunshine Dr  
88  
Sale Date: 12/23/2020  
Sale Price: \$ 134,000



## COMPARABLE SALE #3

3140 Glen Hollow Dr  
111  
Sale Date: 10/21/2020  
Sale Price: \$ 132,000



## COMPARABLE PROPERTY PHOTO ADDENDUM

Client: Mark Reed

File No.: 21-507

Property Address: 1812 Redwing Ln

Case No.:

City: Dover

State: PA

Zip: 17315



## COMPARABLE SALE #4

3239 Cardinal Ln

13

Sale Date: 07/27/2020

Sale Price: \$ 129,000



## COMPARABLE SALE #5

1634 Blue Jay Dr

A

Sale Date: 02/05/2021

Sale Price: \$ 149,900



## COMPARABLE SALE #6

3143 Glen Hollow Dr

87

Sale Date: 10/23/2020

Sale Price: \$ 148,000

**Fill in this information to identify your case:**

Debtor 1 **Mark Michael Reed**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:21-bk-00801**  
(if known)

☐ Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
<b>1812 Red Wing Lane 1812 Redwing Lane Dover, PA 17315</b> <b>Residence: Condo-Duplex In Dover 1812 Redwing Lane based on appraisal</b> <b>10% cost of sale \$12,200. Equity \$38,318</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$122,000.00</b>	<input checked="" type="checkbox"/> <b>\$25,150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(1)</b>
<b>1812 Red Wing Lane 1812 Redwing Lane Dover, PA 17315</b> <b>Residence: Condo-Duplex In Dover 1812 Redwing Lane based on appraisal</b> <b>10% cost of sale \$12,200. Equity \$38,318</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$122,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,325.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>2014 Nissan Nv200 142,015 miles</b> <b>Vehicle: White Work Cargo Van</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$3,475.00</b>	<input checked="" type="checkbox"/> <b>\$3,475.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(2)</b>



Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Household: Home Furniture, Kitchen Goods, Household Items</b> Line from Schedule A/B: 6.1	<b>\$900.00</b>	<input checked="" type="checkbox"/> <b>\$900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Electronics: Tv In Family Room, Tv In Bed Room, Home Pc</b> Line from Schedule A/B: 7.1	<b>\$475.00</b>	<input checked="" type="checkbox"/> <b>\$475.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Sports-Hobby: Hobby - Point And Shoot Canon Camera</b> Line from Schedule A/B: 9.1	<b>\$65.00</b>	<input checked="" type="checkbox"/> <b>\$65.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Clothes: My Clothing</b> Line from Schedule A/B: 11.1	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Jewelry: My Wedding Ring, Titanium Band, Was Low Cost Retail</b> Line from Schedule A/B: 12.1	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
<b>Checking Account: Capital One 360 Debtor's wife's income goes into this account &amp; Covid Stimulus went into this account</b> Line from Schedule A/B: 17.1	<b>\$1,091.61</b>	<input checked="" type="checkbox"/> <b>\$1,091.61</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 541(b)(11)
<b>Checking Account: Members 1St Federal Credit Union (Shining Star Photo)</b> Line from Schedule A/B: 17.2	<b>\$313.39</b>	<input checked="" type="checkbox"/> <b>\$313.39</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 541(b)(11) PPP Loan proceeds
<b>Checking Account: Blue Vine - Shining Star Interactive</b> Line from Schedule A/B: 17.3	<b>\$693.45</b>	<input checked="" type="checkbox"/> <b>\$693.45</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 541(b)(11) PPP Loan proceeds
<b>photobooths, mirror photo booth, printers, ipad, popcorn machine, snowcone machine, cotton candy machine, laptop, LCD TV, Camera, 360 degree photo camera, Galaxy tablet, laptop, Canon Camera, Drone, Office furniture/supplies</b> Line from Schedule A/B: 40.1	<b>\$1,600.00</b>	<input checked="" type="checkbox"/> <b>\$1,600.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Mark Michael Reed</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:21-bk-00801		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>Midland Mortgage</b>	<b>\$45,006.19</b>	<b>\$122,000.00</b>	<b>\$0.00</b>

Creditor's Name

**Describe the property that secures the claim:**

**1812 Red Wing Lane 1812 Redwing Lane Dover, PA 17315  
Residence: Condo-Duplex In Dover 1812 Redwing Lane based on appraisal  
10% cost of sale \$12,200. Equity \$38,318**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**P.o. Box 26648  
Oklahoma City, OK 73126**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **08/11/2003**

Last 4 digits of account number **2516**

Debtor 1 **Mark Michael Reed** Case number (if known) **1:21-bk-00801**  
First Name Middle Name Last Name

**2.2** **Midland Mtg/midfirst** Describe the property that secures the claim: **\$0.00** **Unknown** **Unknown**  
Creditor's Name

**Pob 268959**  
**Oklahoma City, OK 73126**  
Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Opened  
08/03 Last  
Active

Date debt was incurred **2/28/21** Last 4 digits of account number **2516**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$45,006.19**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$45,006.19**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1	<b>Mark Michael Reed</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:21-bk-00801		

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>	
4.1	<b>Amex</b>	<b>Last 4 digits of account number</b>	<b>1193</b>
	Nonpriority Creditor's Name		<b>\$26,605.00</b>
	<b>P.O. Box 981537</b>	<b>Opened 03/91 Last Active</b>	
	<b>El Paso, TX 79998</b>	<b>When was the debt incurred?</b>	
	Number Street City State Zip Code	<b>10/19</b>	
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.2

**Bank Of America**

Nonpriority Creditor's Name

**Po Box 982238  
El Paso, TX 79998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9348****\$11,451.00****When was the debt incurred?** **Opened 06/05 Last Active 3/20/20****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.3

**Citicards Cbna**

Nonpriority Creditor's Name

**Po Box 6217  
Sioux Falls, SD 57117**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **3311****\$6,758.00****When was the debt incurred?** **Opened 04/13 Last Active 3/20/20****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.4

**Comenity Bank**

Nonpriority Creditor's Name

**Po Box 182125  
Columbus, OH 43218**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$5,000.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.5

**Discover Fin Svcs Llc**

Nonpriority Creditor's Name

**Pob 15316****Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **4125****\$5,735.00**When was the debt incurred? **Opened 01/19 Last Active 03/21****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.6

**Jpmcb Card**

Nonpriority Creditor's Name

**Po Box 15369****Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **9558****\$5,258.00**When was the debt incurred? **Opened 01/17 Last Active 04/20****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.7

**Members 1st Fcu**

Nonpriority Creditor's Name

**5000 Louise Dr****Mechanicsburg, PA 17055**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **4398****\$8,992.00**When was the debt incurred? **Opened 06/04 Last Active 03/21****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.8

**SBA Loan**

Nonpriority Creditor's Name

**14925 Kingsport Road  
Fort Worth, TX 76155-2243**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify**SBA PPP loan which should all be  
forgivable since Debtor used it for business  
expenses and wages for employees.**

4.9

**Verizon Wireless**

Nonpriority Creditor's Name

**National Recovery Operations  
Minneapolis, MN 55426**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

0001

\$173.00

When was the debt incurred?

**Opened 12/12 Last Active  
12/31/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Comenity Bank  
PO Box 182273  
Columbus, OH 43218-2273**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
	6a.	Domestic support obligations	6a.	\$ 0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00

Total claims from Part 2	Total Claim	
	6f. <b>Student loans</b>	6f. \$ <b>0.00</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>69,972.00</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j. \$ <b>69,972.00</b>



**Fill in this information to identify your case:**

Debtor 1 **Mark Michael Reed**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:21-bk-00801**  
(if known)

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name  Number Street  City State ZIP Code	
2.2 Name  Number Street  City State ZIP Code	
2.3 Name  Number Street  City State ZIP Code	
2.4 Name  Number Street  City State ZIP Code	
2.5 Name  Number Street  City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Mark Michael Reed</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:21-bk-00801		

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Mark Michael Reed

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:21-bk-00801  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed  
☒ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

**Cross Country Staffing Inc**

**6551 Park of Commerce Blvd  
Boca Raton, FL 33487**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 2,842.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 2,842.00

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>0.00</b>	\$ <b>2,842.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>550.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>484.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>1,034.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>1,808.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>1,300.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>1,300.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,300.00</b> + \$ <b>1,808.00</b>	= \$ <b>3,108.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	<b>3,108.00</b>
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>As the country opens up more Debtor expects his business to improve and his income to increase. The income on Schedule I is projected income and the expenses are projected based on prior expenses.</b>		

Fill in this information to identify your case:

Debtor 1 Mark Michael Reed

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:21-bk-00801  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 714.89

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 10.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>225.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>125.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>310.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>450.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>50.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>85.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: <b>Pet Care for 3 cats</b>	21. +\$ <u>45.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>2,664.89</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,664.89</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,108.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,664.89</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>443.11</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

**Fill in this information to identify your case:**

Debtor 1 Mark Michael Reed  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:21-bk-00801  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mark Michael Reed  
Mark Michael Reed  
Signature of Debtor 1

Date May 10, 2021

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Mark Michael Reed**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:21-bk-00801**  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy****4/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1 lived there****Debtor 2 Prior Address:****Dates Debtor 2 lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**For last calendar year:  
(January 1 to December 31, 2020 )****Debtor 1****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☐ Wages, commissions, bonuses, tips☒ Operating a business**Unknown****Debtor 2****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☐ Wages, commissions, bonuses, tips☐ Operating a business



	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2019 )	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$1,116.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Midland Mortgage P.o. Box 26648 Oklahoma City, OK 73126	02/08/2021, 03/05/2021	\$2,859.56	\$45,006.19	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Chase v. Mark Reed 2021 SU 387	Civil	York County Court of Common Pleas York County Judicial Center 45 North George Street York, PA 17401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**☒ No☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Pugh & Cutaia, PLLC  
115 E. Philadelphia Street  
York, PA 17401  
cutaialaw@gmail.com

Attorney Fees

April 2021

\$1,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- ☐ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9:** Identify Property You Hold or Control for Someone Else

23. **Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	---	-----------------------	-------

**Part 10:** Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- ☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed EIN: From-To
Shining Star Interactive LLC	virtual tours	2020 to 2021 (still operating)
d/b/a Shining Star Photo Booth	sole proprietorship - photo booth for fairs etc.	2012 to 2021

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark Michael Reed

Mark Michael Reed

Signature of Debtor 1

Signature of Debtor 2

Date May 10, 2021

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Mark Michael Reed

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 1:21-bk-00801  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 3,147.63
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 4,309.19	
Ordinary and necessary operating expenses	-\$ 6,376.56	
Net monthly income from a business, profession, or farm	\$ 0.00	
	Copy here ->	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here ->	\$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. <b>Interest, dividends, and royalties</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
8. <b>Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ <b>0.00</b>	\$ <b>0.00</b>
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>0.00</b>	+ \$ <b>3,147.63</b>
	= \$ <b>3,147.63</b>	
	Total average monthly income	

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ **3,147.63**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$ .....
.....	\$ .....
.....	+ \$ .....
Total .....	\$ <b>0.00</b>

Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **3,147.63**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **3,147.63**



Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form. ....

**\$ 37,771.56**

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

PA

16b. Fill in the number of people in your household.

2

16c. Fill in the median family income for your state and size of household.

\$ 71,448.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. Copy your total average monthly income from line 11. \$ 3,147.63

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 3,147.63**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

\$ 3,147.63

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 37,771.56

20c. Copy the median family income for your state and size of household from line 16c

\$ 71,448.00**21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Mark Michael Reed****Mark Michael Reed**

Signature of Debtor 1

Date **May 10, 2021**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **10/01/2020** to **03/31/2021**.**Line 5 - Income from operation of a business, profession, or farm**Source of Income: **Shining Star Interactive**

Year-to-Date Income/Expenses/Net:

Last Year:

Starting Financial Statement Dated: 9/30/2020 .Starting Year-to-Date Income: \$0.00 .Starting Year-to-Date Expenses: \$0.00 .Starting Year-to-Date Net (Income-Expenses): \$0.00 .Ending Financial Statement Dated: 12/31/2020 .Ending Year-to-Date Income: \$0.00 .Ending Year-to-Date Expenses: \$0.00 .Ending Year-to-Date Net (Income-Expenses): \$0.00 .

This Year:

Current Financial Statement Dated: 3/31/2021 .Current Year-to-Date Income: \$13,714.52 .Current Year-to-Date Expenses: \$24,158.41 .Total Income for six-month period (Current+(Ending-Starting)): \$13,714.52 .Average Monthly Income (Total Income divided by 6): \$2,285.75 .Total Expenses for six-month period (Current+(Ending-Starting)): \$24,158.41 .Average Monthly Expenses (Total Expenses divided by 6): \$4,026.40 .Total Net for six-month period (Total Income-Total Expenses): 0.00 .Average Monthly Net Income (Total Net Income divided by 6): \$-1,740.65 .

Remarks:

**Six month P&L attached.****Line 5 - Income from operation of a business, profession, or farm**Source of Income: **shining star Photo**

Year-to-Date Income/Expenses/Net:

Last Year:

Starting Financial Statement Dated: 9/30/2020 .Starting Year-to-Date Income: \$0.00 .Starting Year-to-Date Expenses: \$0.00 .Starting Year-to-Date Net (Income-Expenses): \$0.00 .Ending Financial Statement Dated: 12/31/2020 .Ending Year-to-Date Income: \$0.00 .Ending Year-to-Date Expenses: \$0.00 .Ending Year-to-Date Net (Income-Expenses): \$0.00 .

This Year:

Current Financial Statement Dated: 3/31/2021 .Current Year-to-Date Income: \$12,140.65 .Current Year-to-Date Expenses: \$14,100.96 .Total Income for six-month period (Current+(Ending-Starting)): \$12,140.65 .Average Monthly Income (Total Income divided by 6): \$2,023.44 .

Total Expenses for six-month period (Current+(Ending-Starting)): **\$14,100.96** .

Average Monthly Expenses (Total Expenses divided by 6): **\$2,350.16** .

Total Net for six-month period (Total Income-Total Expenses): **0.00** .

Average Monthly Net Income (Total Net Income divided by 6): **\$-326.72** .

**Current Monthly Income Details for the Debtor's Spouse****Spouse Income Details:**Income for the Period **10/01/2020** to **03/31/2021**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Ceridian**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$25,599.00** from check dated **9/30/2020** .Ending Year-to-Date Income: **\$34,104.00** from check dated **12/31/2020** .

This Year:

Current Year-to-Date Income: **\$10,380.80** from check dated **3/25/2021** .Income for six-month period (Current+(Ending-Starting)): **\$18,885.80** .Average Monthly Income: **\$3,147.63** .

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,  
and

Your debts are primarily consumer debts.  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245	filing fee
\$78	administrative fee
+	\$15 trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their non-exempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.



### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
<http://www.uscourts.gov/forms/bankruptcy-forms>

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Middle District of Pennsylvania**

In re **Mark Michael Reed**

Debtor(s)

Case No. **1:21-bk-00801**Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>4,500.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>1,000.00</b></u>
Balance Due .....	\$	<u><b>3,500.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**May 10, 2021**

*Date*

**/s/ Dawn Cutaia**

**Dawn Cutaia 77965**

*Signature of Attorney*

**Pugh & Cutaia, PLLC**

**115 E. Philadelphia Street**

**York, PA 17401**

**717-304-1841**

**cutaialaw@gmail.com**

*Name of law firm*

**United States Bankruptcy Court  
Middle District of Pennsylvania**

In re **Mark Michael Reed**

Debtor(s)

Case No. **1:21-bk-00801**

Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **May 10, 2021**

**/s/ Mark Michael Reed**

**Mark Michael Reed**

Signature of Debtor

**United States Bankruptcy Court  
Middle District of Pennsylvania**

In re **Mark Michael Reed**

Debtor(s)

Case No. **1:21-bk-00801**

Chapter **13**

**PAYMENT ADVICES COVER SHEET  
UNDER 11 U.S.C. § 521(a)(1)(B)(iv)**

I, **Mark Michael Reed**, declare under penalty of perjury that the foregoing is true and correct (CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment because
- ☐ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer, and they are attached.

Date **May 10, 2021**

Signature **/s/ Mark Michael Reed**

**Mark Michael Reed**

Debtor

**CERIDIAN**

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce  
 Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support  
 (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 3/25/2021  
**Pay Period:** 3/7/2021 - 3/20/2021  
**Deposit Advice #:** 383172430  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2/\$10.00  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 3/7/2021 - 3/20/2021			YTD As of 3/20/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>80.2500</b>		<b>\$1,371.79</b>	<b>505.5000</b>	<b>\$10,380.80</b>
Regular	80.0000	17.0674	\$1,365.39	456.0000	\$7,782.73
Holiday				8.0000	\$136.54
Overtime	0.2500	25.6011	\$6.40	0.2500	\$6.40
Commission					\$1,751.10
Vacation				40.0000	\$682.70
Personal				1.2500	\$21.33
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$1,424.52</b>
Dental Pre-Tax			\$20.70		\$124.20
Medical 125			\$210.92		\$1,265.52
Vision Pre-Tax			\$5.80		\$34.80
<b>Taxes</b>			<b>\$183.74</b>		<b>\$1,588.23</b>
Fed W/H			\$43.44		\$484.58
FICA EE			\$70.33		\$555.29
Fed MWT EE			\$16.45		\$129.87
PA W/H			\$34.83		\$274.96
PA UT EE			\$0.81		\$6.15
DoverTwpW/H			\$15.88		\$125.38
DvrTwp LST			\$2.00		\$12.00
<b>Post-Tax Deductions</b>			<b>\$9.09</b>		<b>\$78.54</b>
Supp Life Employee			\$4.38		\$26.28
Supp Life Spouse			\$4.71		\$28.26
Donation					\$24.00
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$941.54</b>		<b>\$7,289.51</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$341.54		

**Accruals & Balances**

Vacation Hours Balance:	44.79 Hours
Personal Hours Balance:	22.75 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058

**CERIDIAN**

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce  
 Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support  
 (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 3/11/2021  
**Pay Period:** 2/21/2021 - 3/6/2021  
**Deposit Advice #:** 379868372  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2 (\$10.00)  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 2/21/2021 - 3/6/2021			YTD As of 3/6/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>80.2500</b>		<b>\$1,943.95</b>	<b>425.2500</b>	<b>\$9,009.01</b>
Regular	79.0000	17.0674	\$1,348.33	376.0000	\$6,417.34
Holiday				8.0000	\$136.54
Commission			\$574.29		\$1,751.10
Vacation				40.0000	\$682.70
Personal	1.2500	17.0674	\$21.33	1.2500	\$21.33
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$1,187.10</b>
Dental Pre-Tax			\$20.70		\$103.50
Medical 125			\$210.92		\$1,054.60
Vision Pre-Tax			\$5.80		\$29.00
<b>Taxes</b>			<b>\$313.47</b>		<b>\$1,404.49</b>
Fed W/H			\$103.48		\$441.14
FICA EE			\$105.81		\$484.96
Fed MWT EE			\$24.75		\$113.42
PA W/H			\$52.39		\$240.13
PA UT EE			\$1.15		\$5.34
DoverTwpW/H			\$23.89		\$109.50
DvrTwp LST			\$2.00		\$10.00
<b>Post-Tax Deductions</b>			<b>\$9.09</b>		<b>\$69.45</b>
Supp Life Employee			\$4.38		\$21.90
Supp Life Spouse			\$4.71		\$23.55
Donation					\$24.00
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,383.97</b>		<b>\$6,347.97</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$783.97		

**Accruals & Balances**

Vacation Hours Balance:	41.71 Hours
Personal Hours Balance:	22.75 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058

# CERIDIAN

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce  
 Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support  
 (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 2/25/2021  
**Pay Period:** 2/7/2021 - 2/20/2021  
**Deposit Advice #:** 376733372  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2 (\$10.00)  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 2/7/2021 - 2/20/2021			YTD As of 2/20/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>80.2500</b>		<b>\$1,369.66</b>	<b>345.0000</b>	<b>\$7,065.06</b>
Regular	72.2500	17.0674	\$1,233.12	297.0000	\$5,069.01
Holiday				8.0000	\$136.54
Commission					\$1,176.81
Vacation	8.0000	17.0674	\$136.54	40.0000	\$682.70
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$949.68</b>
Dental Pre-Tax			\$20.70		\$82.80
Medical 125			\$210.92		\$843.68
Vision Pre-Tax			\$5.80		\$23.20
<b>Taxes</b>			<b>\$183.25</b>		<b>\$1,091.02</b>
Fed W/H			\$43.22		\$337.66
FICA EE			\$70.20		\$379.15
Fed MWT EE			\$16.41		\$88.67
PA W/H			\$34.76		\$187.74
PA UT EE			\$0.81		\$4.19
DoverTwpW/H			\$15.85		\$85.61
DvrTwp LST			\$2.00		\$8.00
<b>Post-Tax Deductions</b>			<b>\$33.09</b>		<b>\$60.36</b>
Supp Life Employee			\$4.38		\$17.52
Supp Life Spouse			\$4.71		\$18.84
Donation			\$24.00		\$24.00
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$915.90</b>		<b>\$4,964.00</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$315.90		

**Accruals & Balances**

Vacation Hours Balance:	38.64 Hours
Personal Hours Balance:	24.00 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058

# CERIDIAN

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 2/11/2021  
**Pay Period:** 1/24/2021 - 2/6/2021  
**Deposit Advice #:** 373613657  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2 (\$10.00)  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 1/24/2021 - 2/6/2021			YTD As of 2/6/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>80.0000</b>		<b>\$2,039.11</b>	<b>264.7500</b>	<b>\$5,695.40</b>
Regular	80.0000	17.0674	\$1,365.39	224.7500	\$3,835.89
Holiday				8.0000	\$136.54
Commission			\$673.72		\$1,176.81
Vacation				32.0000	\$546.16
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$712.26</b>
Dental Pre-Tax			\$20.70		\$62.10
Medical 125			\$210.92		\$632.76
Vision Pre-Tax			\$5.80		\$17.40
<b>Taxes</b>			<b>\$336.47</b>		<b>\$907.77</b>
Fed W/H			\$114.90		\$294.44
FICA EE			\$111.70		\$308.95
Fed MWT EE			\$26.13		\$72.26
PA W/H			\$55.31		\$152.98
PA UT EE			\$1.21		\$3.38
DoverTwpW/H			\$25.22		\$69.76
DvrTwp LST			\$2.00		\$6.00
<b>Post-Tax Deductions</b>			<b>\$9.09</b>		<b>\$27.27</b>
Supp Life Employee			\$4.38		\$13.14
Supp Life Spouse			\$4.71		\$14.13
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,456.13</b>		<b>\$4,048.10</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$856.13		

**Accruals & Balances**

Vacation Hours Balance:	43.56 Hours
Personal Hours Balance:	24.00 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058



# CERIDIAN

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce  
 Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support  
 (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 1/28/2021  
**Pay Period:** 1/10/2021 - 1/23/2021  
**Deposit Advice #:** 370582943  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2/\$10.00  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 1/10/2021 - 1/23/2021			YTD As of 1/23/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>104.5000</b>		<b>\$1,783.54</b>	<b>184.7500</b>	<b>\$3,656.29</b>
Regular	72.5000	17.0674	\$1,237.38	144.7500	\$2,470.50
Holiday				8.0000	\$136.54
Commission					\$503.09
Vacation	32.0000	17.0674	\$546.16	32.0000	\$546.16
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$474.84</b>
Dental Pre-Tax			\$20.70		\$41.40
Medical 125			\$210.92		\$421.84
Vision Pre-Tax			\$5.80		\$11.60
<b>Taxes</b>			<b>\$275.07</b>		<b>\$571.30</b>
Fed W/H			\$84.61		\$179.54
FICA EE			\$95.86		\$197.25
Fed MWT EE			\$22.42		\$46.13
PA W/H			\$47.47		\$97.67
PA UT EE			\$1.06		\$2.17
DoverTwpW/H			\$21.65		\$44.54
DvrTwp LST			\$2.00		\$4.00
<b>Post-Tax Deductions</b>			<b>\$9.09</b>		<b>\$18.18</b>
Supp Life Employee			\$4.38		\$8.76
Supp Life Spouse			\$4.71		\$9.42
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,261.96</b>		<b>\$2,591.97</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$661.96		

**Accruals & Balances**

Vacation Hours Balance:	40.48 Hours
Personal Hours Balance:	24.00 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058

**CERIDIAN**

**Employer Name:** Cross Country Staffing Inc.  
**Employer Phone:** 1-800-347-2264  
**Employer Address:** 6551 Park of Commerce Blvd  
 Boca Raton, FL 33487

**Employee Name:** Patricia M Reed  
**Employee #:** C31985  
**Employee Address:** 1812 Redwing Lane  
 Dover, PA 17315  
**Department:** Recruiting Support (CCMSN)  
**Job Title:** Operations Support

**Pay Date:** 1/14/2021  
**Pay Period:** 12/27/2020 - 1/9/2021  
**Deposit Advice #:** 367422013  
**Pay Frequency:** Bi-Weekly  
**Pay Rate:** 17.0674  
**Federal Filing Status:** Married  
**Federal Exemptions:** 2/\$10.00  
**Local Exemptions:** 2 (Dover)  
**State Filing Status:** Married (PA)  
**State Exemptions:** 2 (PA)

	Current 12/27/2020 - 1/9/2021			YTD As of 1/9/2021	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>	<b>80.2500</b>		<b>\$1,872.75</b>	<b>80.2500</b>	<b>\$1,872.75</b>
Regular	72.2500	17.0674	\$1,233.12	72.2500	\$1,233.12
Holiday	8.0000	17.0674	\$136.54	8.0000	\$136.54
Commission			\$503.09		\$503.09
<b>Pre-Tax Deductions</b>			<b>\$237.42</b>		<b>\$237.42</b>
Dental Pre-Tax			\$20.70		\$20.70
Medical 125			\$210.92		\$210.92
Vision Pre-Tax			\$5.80		\$5.80
<b>Taxes</b>			<b>\$296.23</b>		<b>\$296.23</b>
Fed W/H			\$94.93		\$94.93
FICA EE			\$101.39		\$101.39
Fed MWT EE			\$23.71		\$23.71
PA W/H			\$50.20		\$50.20
PA UT EE			\$1.11		\$1.11
DoverTwpW/H			\$22.89		\$22.89
DvrTwp LST			\$2.00		\$2.00
<b>Post-Tax Deductions</b>			<b>\$9.09</b>		<b>\$9.09</b>
Supp Life Employee			\$4.38		\$4.38
Supp Life Spouse			\$4.71		\$4.71
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,330.01</b>		<b>\$1,330.01</b>
Direct Deposit	031176110	XXXXX7810	\$600.00		
Direct Deposit	031301422	XXXXX8715	\$730.01		

**Accruals & Balances**

Vacation Hours Balance:	69.41 Hours
Personal Hours Balance:	24.00 Hours
Sick Hours Balance:	103.75 Hours
Volunteer Day Balance:	1.00 Days - Daily Hours

**Messages from your Employer**

Ethics/Fraud Hotline Number: 1-800-354-7197 Patient Safety Hotline: 888-235-3321 Clinical Hotline: 800-998-5058



CERIDIAN

**CERIDIAN**

**Employer Name:** Cross Country Staffing,  
Inc.  
**Employer Address:** 6551 Park of Commerce  
Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

**Pay Date:** 12/31/2020  
**Pay Period:** 12/13/2020 - 12/26/2020  
**Deposit Advice #:** A186095  
**Pay Frequency:** B  
**Pay Rate:** 17.0674  
**State Filing Status:**  
**State Exemptions:** 2  
**Federal Filing Status:** M  
**Federal Exemptions:** 2/\$10

	Current 12/13/2020 - 12/26/2020			YTD As of 12/26/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	48.00	17.0700	\$819.23	1,998.25	\$34,104.89
SICK	16.00	17.0700	\$273.08	16.75	\$285.88
HOLIDAY	16.00	17.0700	\$273.08	80.00	\$1,365.40
ADJUSTMENT					\$13.46
HEALTH DAY				24.00	\$409.62
VACATION				55.00	\$938.71
OVERTIME				65.25	\$1,670.45
COMMISSION					\$1,993.03
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125					(\$538.20)
MEDICAL 125					(\$5,111.34)
MED FLEX 125					(\$16.57)
VISION INS					(\$150.80)
<b>Taxes</b>					
SOSEC			\$84.65		\$2,287.00
MEDCR			\$19.79		\$534.86
FIT			\$67.69		\$2,057.13
ST1PA			\$41.92		\$1,132.46
LC1DV			\$19.12		\$516.40
LC3MB					\$52.00
SDIPA			\$0.82		\$22.22
<b>Post-Tax Deductions</b>					
EMP SUP LIFE					\$125.16
SPSE SUP LIF					\$78.74
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,131.40</b>		<b>\$30,081.20</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$531.40		

**Accruals & Balances**

HBAL Balance:	24.00
SBAL Balance:	55.75
VBAL Balance:	66.33

**Messages from your Employer**

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058

**CERIDIAN**

**Employer Name:** Cross Country Staffing,  
Inc.  
**Employer Address:** 6551 Park of Commerce  
Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

**Pay Date:** 12/17/2020  
**Pay Period:** 11/29/2020 - 12/12/2020  
**Deposit Advice #:** A184974  
**Pay Frequency:** B  
**Pay Rate:** 17.0674  
**State Filing Status:**  
**State Exemptions:** 2  
**Federal Filing Status:** M  
**Federal Exemptions:** 2/\$10

	Current 11/29/2020 - 12/12/2020			YTD As of 12/12/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	78.50	17.0700	\$1,339.79	1,950.25	\$33,285.66
VACATION	1.50	17.0700	\$25.60	55.00	\$938.71
ADJUSTMENT					\$13.46
HEALTH DAY				24.00	\$409.62
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
COMMISSION					\$1,993.03
HOLIDAY				64.00	\$1,092.32
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$538.20)
MEDICAL 125			(\$196.59)		(\$5,111.34)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$150.80)
<b>Taxes</b>					
SOSEC			\$70.82		\$2,202.35
MEDCR			\$16.57		\$515.07
FIT			\$45.38		\$1,989.44
ST1PA			\$35.07		\$1,090.54
LC1DV			\$15.99		\$497.28
LC3MB			\$2.00		\$52.00
SDIPA			\$0.69		\$21.40
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$125.16
SPSE SUP LIF			\$3.05		\$78.74
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$947.88</b>		<b>\$28,949.80</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$347.88		

**Accruals & Balances**

HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	63.25

**Messages from your Employer**

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058



**CERIDIAN**

**Employer Name:** Cross Country Staffing,  
Inc.  
**Employer Address:** 6551 Park of Commerce  
Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

**Pay Date:** 12/3/2020  
**Pay Period:** 11/15/2020 - 11/28/2020  
**Deposit Advice #:** A183885  
**Pay Frequency:** B  
**Pay Rate:** 17.0674  
**State Filing Status:**  
**State Exemptions:** 2  
**Federal Filing Status:** M  
**Federal Exemptions:** 2/\$10

	Current 11/15/2020 - 11/28/2020			YTD As of 11/28/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	64.00	17.0700	\$1,092.31	1,871.75	\$31,945.87
COMMISSION			\$545.14		\$1,993.03
HOLIDAY	16.00	17.0700	\$273.08	64.00	\$1,092.32
ADJUSTMENT					\$13.46
HEALTH DAY				24.00	\$409.62
VACATION				53.50	\$913.11
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$517.50)
MEDICAL 125			(\$196.59)		(\$4,914.75)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$145.00)
<b>Taxes</b>					
SOSEC			\$104.62		\$2,131.53
MEDCR			\$24.47		\$498.50
FIT			\$102.69		\$1,944.06
ST1PA			\$51.80		\$1,055.47
LC1DV			\$23.62		\$481.29
LC3MB			\$2.00		\$50.00
SDIPA			\$1.01		\$20.71
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$120.31
SPSE SUP LIF			\$3.05		\$75.69
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,369.33</b>		<b>\$28,001.92</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$769.33		

**Accruals & Balances**

HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	61.67

**Messages from your Employer**

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058

**CERIDIAN**

**Employer Name:** Cross Country Staffing,  
Inc.  
**Employer Address:** 6551 Park of Commerce  
Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

**Pay Date:** 11/19/2020  
**Pay Period:** 11/1/2020 - 11/14/2020  
**Deposit Advice #:** A182736  
**Pay Frequency:** B  
**Pay Rate:** 17.0674  
**State Filing Status:**  
**State Exemptions:** 2  
**Federal Filing Status:** M  
**Federal Exemptions:** 2/\$10

	Current 11/1/2020 - 11/14/2020			YTD As of 11/14/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	64.00	17.0700	\$1,092.31	1,807.75	\$30,853.56
ADJUSTMENT			\$8.09		\$13.46
HEALTH DAY	8.00	17.0700	\$136.54	24.00	\$409.62
VACATION	8.00	17.0700	\$136.54	53.50	\$913.11
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
COMMISSION					\$1,447.89
HOLIDAY				48.00	\$819.24
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$496.80)
MEDICAL 125			(\$196.59)		(\$4,718.16)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$139.20)
<b>Taxes</b>					
SOSEC			\$71.33		\$2,026.91
MEDCR			\$16.68		\$474.03
FIT			\$46.19		\$1,841.37
ST1PA			\$35.32		\$1,003.67
LC1DV			\$16.11		\$457.67
LC3MB			\$2.00		\$48.00
SDIPA			\$0.69		\$19.70
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$115.46
SPSE SUP LIF			\$3.05		\$72.64
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$954.17</b>		<b>\$26,632.59</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$354.17		

**Accruals & Balances**

HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	58.59

**Messages from your Employer**

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058

# CERIDIAN

**Employer Name:** Cross Country Staffing, Inc.  
**Employer Address:** 6551 Park of Commerce Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

<b>Pay Date:</b>	11/5/2020
<b>Pay Period:</b>	10/18/2020 - 10/31/2020
<b>Deposit Advice #:</b>	A181644
<b>Pay Frequency:</b>	B
<b>Pay Rate:</b>	17.0674
<b>State Filing Status:</b>	
<b>State Exemptions:</b>	2
<b>Federal Filing Status:</b>	M
<b>Federal Exemptions:</b>	2/\$10

	Current 10/18/2020 - 10/31/2020			YTD As of 10/31/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	78.50	17.0700	\$1,339.79	1,743.75	\$29,761.25
VACATION	1.50	17.0700	\$25.60	45.50	\$776.57
COMMISSION			\$487.01		\$1,447.89
ADJUSTMENT					\$5.37
HEALTH DAY				16.00	\$273.08
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
HOLIDAY				48.00	\$819.24
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$476.10)
MEDICAL 125			(\$196.59)		(\$4,521.57)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$133.40)
<b>Taxes</b>					
SOSEC			\$101.01		\$1,955.58
MEDCR			\$23.62		\$457.35
FIT			\$95.71		\$1,795.18
ST1PA			\$50.02		\$968.35
LC1DV			\$22.81		\$441.56
LC3MB			\$2.00		\$46.00
SDIPA			\$0.99		\$19.01
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$110.61
SPSE SUP LIF			\$3.05		\$69.59
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,325.25</b>		<b>\$25,678.42</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$725.25		

### Accruals & Balances

HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	63.51

### Messages from your Employer

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058

# CERIDIAN

**Employer Name:** Cross Country Staffing,  
Inc.

**Employer Address:** 6551 Park of Commerce  
Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

**Pay Date:** 10/22/2020  
**Pay Period:** 10/4/2020 - 10/17/2020  
**Deposit Advice #:** A180524  
**Pay Frequency:** B  
**Pay Rate:** 17.0674  
**State Filing Status:**  
**State Exemptions:** 2  
**Federal Filing Status:** M  
**Federal Exemptions:** 2/\$10

	Current 10/4/2020 - 10/17/2020			YTD As of 10/17/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	72.00	17.0700	\$1,228.85	1,665.25	\$28,421.46
VACATION	8.00	17.0700	\$136.54	44.00	\$750.97
ADJUSTMENT					\$5.37
HEALTH DAY				16.00	\$273.08
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
COMMISSION					\$960.88
HOLIDAY				48.00	\$819.24
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$455.40)
MEDICAL 125			(\$196.59)		(\$4,324.98)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$127.60)
<b>Taxes</b>					
SOSEC			\$70.83		\$1,854.57
MEDCR			\$16.56		\$433.73
FIT			\$45.38		\$1,699.47
ST1PA			\$35.07		\$918.33
LC1DV			\$15.99		\$418.75
LC3MB			\$2.00		\$44.00
SDIPA			\$0.68		\$18.02
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$105.76
SPSE SUP LIF			\$3.05		\$66.54
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$947.89</b>		<b>\$24,353.17</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$347.89		

### Accruals & Balances

HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	61.93

### Messages from your Employer

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058



# CERIDIAN

**Employer Name:** Cross Country Staffing, Inc.  
**Employer Address:** 6551 Park of Commerce Blv  
Boca Raton, FL 33487,

**Employee Name:** PATRICIA REED  
**Employee #:** 0102C31985  
**Employee Address:** 1812 REDWING LANE  
DOVER, PA 17315

<b>Pay Date:</b>	10/8/2020
<b>Pay Period:</b>	9/20/2020 - 10/3/2020
<b>Deposit Advice #:</b>	A179406
<b>Pay Frequency:</b>	B
<b>Pay Rate:</b>	17.0674
<b>State Filing Status:</b>	
<b>State Exemptions:</b>	2
<b>Federal Filing Status:</b>	M
<b>Federal Exemptions:</b>	2/\$10

	Current 9/20/2020 - 10/3/2020			YTD As of 10/3/2020	
	Hours/Units	Rate	Amount	Hours/Units	Amount
<b>Earnings</b>					
REGULAR	80.00	17.0700	\$1,365.39	1,593.25	\$27,192.61
COMMISSION			\$480.28		\$960.88
ADJUSTMENT					\$5.37
HEALTH DAY				16.00	\$273.08
VACATION				36.00	\$614.43
SICK				0.75	\$12.80
OVERTIME				65.25	\$1,670.45
HOLIDAY				48.00	\$819.24
BONUS					\$1,922.64
<b>Pre-Tax Deductions</b>					
DENTAL 125			(\$20.70)		(\$434.70)
MEDICAL 125			(\$196.59)		(\$4,128.39)
MED FLEX 125					(\$16.57)
VISION INS			(\$5.80)		(\$121.80)
<b>Taxes</b>					
SOSEC			\$100.60		\$1,783.74
MEDCR			\$23.53		\$417.17
FIT			\$94.90		\$1,654.09
ST1PA			\$49.81		\$883.26
LC1DV			\$22.72		\$402.76
LC3MB			\$2.00		\$42.00
SDIPA			\$0.98		\$17.34
<b>Post-Tax Deductions</b>					
EMP SUP LIFE			\$4.85		\$100.91
SPSE SUP LIF			\$3.05		\$63.49
	<b>Routing #</b>	<b>Account #</b>	<b>Amount</b>		<b>Amount</b>
<b>Net Pay</b>			<b>\$1,320.14</b>		<b>\$23,405.28</b>
DIRECT DEPOSIT	31176110	XXXXXX7810	\$600.00		
DIRECT DEPOSIT	31301422	XXXXXX8715	\$720.14		

Accruals & Balances	
HBAL Balance:	24.00
SBAL Balance:	71.75
VBAL Balance:	66.85

### Messages from your Employer

ETHICS/FRAUD HOTLINE NUMBER: 1-800-354-7197  
PATIENT SAFETY HOTLINE: 888-235-3321  
CLINICAL HOTLINE: 800-998-5058

**Shining Star Photo Booth**  
**Profit & Loss Report**  
**Thursday, October 1st, 2020 — Wednesday, March 31st, 2021**

<b>Revenue</b>	<b>12,140.65</b>
<b>Shining Star Photo Booth</b>	12,140.65
<b>Refunded Revenue</b>	<b>1,000.00</b>
<b>Shining Star Photo Booth</b>	1,000.00
<b>After-Tax Rebates / Gift Cards</b>	<b>0.00</b>
<b>Shining Star Photo Booth</b>	0.00
<b>Expense</b>	<b>14,100.96</b>
<b>1040 Advertising</b>	1,780.71
Exhibits and Shows	225.00
Online Marketing	548.51
Other Marketing	112.20
Print Ads	895.00
<b>1040 Commissions and Fees</b>	356.15
Bank Fees	356.15
<b>1040 Contract labor</b>	594.10
Contract Labor	594.10
<b>1040 Legal and Professional</b>	859.91
Dues and Subscriptions	55.89
Legal and Professional	629.64
Security Services	174.38
<b>1040 Office Expense</b>	850.24
Office Supplies	69.94
Shipping and Delivery	56.00
Software	575.30
Technology Hardware	149.00
<b>1040 Rent or Lease</b>	6,081.96
Rentals and Leases	6,081.96
Equipment Rental	1,563.96
Other Rentals and Leases	4,518.00
<b>1040 Repairs and Maintenance</b>	69.75
BOOTHs Repair and Maintenance	44.98
Misc Repair and Maintenance	24.77
<b>1040 Supplies</b>	444.13
Event Supplies BOOTHs	444.13
Pose Props	55.30
Print Media and Print Supplies	388.83
<b>1040 Taxes and licenses</b>	7.13
PA Sales and Use Taxes	7.13
<b>1040 Utilities</b>	2,831.88
Utilities	2,831.88
<b>Employee Compensation</b>	225.00
Payroll	225.00
Net Income	-2,960.31

**Shining Star Interactive LLC**  
**Profit & Loss Report**  
**Thursday, October 1st, 2020 — Wednesday, March 31st, 2021**

<b>Revenue</b>	<b>13,714.52</b>
<b>Shining Star Interactive LLC</b>	13,714.52
<b>After-Tax Rebates / Gift Cards</b>	<b>0.00</b>
<b>Shining Star Interactive LLC</b>	0.00
<b>Sales Tax Liability</b>	<b>0.00</b>
<b>Shining Star Interactive LLC</b>	0.00
<b>Expense</b>	<b>24,158.41</b>
<b>1040 Advertising</b>	1,209.72
<b>1040 Business Travel</b>	265.16
<b>1040 Contract Labor</b>	3,249.99
<b>1040 Legal and Professional</b>	5,362.42
<b>1040 Meals</b>	62.55
<b>1040 Office Expenses</b>	11,756.64
Minor Equipment	3,450.65
Software and Cloud Services	7,228.26
<i>Other 1040 Office Expenses</i>	1,077.73
<b>1040 Other Misc Expenses</b>	342.55
<b>1040 Repairs and Maintenance</b>	81.72
<b>1040 Supplies</b>	228.12
<b>Capital Expense Purchases 1K</b>	1,599.54
Net Income	-10,443.89